

**State of Connecticut Department of Public Health
Occupational Health Unit**

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Occupational Illness and Injury Surveillance in Connecticut; Major Outputs and Outcomes July, 2012-June, 2013

Analysis of Underreporting

Longitudinal analysis of occupational illness and injury under-reporting in Connecticut has continued over the past year, after significant delays during 2012. Capture-recapture analysis is a comparison of data from the Occupational Illness and Injury Surveillance System (OIIS) and the Connecticut Workers' Compensation Commission that is performed annually in order to estimate the amount of occupational disease underreporting that occurs in Connecticut. For 2010 data, a preliminary comparison of overlaps of reports to workers compensation and the physicians found 109 cases reported to both systems (9 lung, 53 MSD, 16 skin, and 3 other). This generates an unadjusted estimate of 33,095 unreported occupational illnesses (in addition to the 6,627 unique cases reported to at least one system) for a total estimate of 39,504 cases. This results in an estimate of only 14.6% of occupational illness cases being reported to Workers' Compensation, and 1.9% of cases reported to the OIIS. Capture recapture data for 2011 and 2012 will be completed over the summer as the last 2012 cases are entered.

Occupational Health Indicators

Our current funding has allowed Connecticut to complete analysis for all 20 *Occupational Health Indicators* for 2010. A summary data report of all compiled Connecticut indicators and profile demographic data was provided to NIOSH in June 2013. The Connecticut-specific occupational health indicators web report will be updated this year with the most recent indicator data. This report is disseminated to appropriate stakeholders, regional partners, and other interested parties as appropriate. The report is also posted to the Connecticut DPH website at <http://www.ct.gov/dph/occupationalhealth>. The web report includes summary data for each of the indicators along with information from the demographic profile, and also includes comparisons of Connecticut data to National data. The Occupational Health Unit continues to provide indicator data to the CT DPH Injury Program and provided the latest summary data in May 2013. In 2013, Connecticut piloted a new indicator "Asthma Caused or Made Worse by Work". This indicator uses data from the Asthma Call Back Survey (ACBS), from the Behavioral Risk Factor Surveillance System (BRFSS). The results of the pilot were discussed at the annual CSTE conference in July 2013.

Targeted Conditions

Although not specifically funded as a specific aim, work-related asthma and heavy metal poisoning surveillance activities continued during the current year. CT DPH received 105 mercury poisoning reports that were either ≥ 15 ug/L of whole blood or 35 ug/g creatinine in urine. Of those 214 reports received, 12 were at the Connecticut Department of Public Health's follow-up level which is ≥ 30 ug/L of whole blood or 35 ug/g creatinine in urine; one case was determined to be work-related. In 2012, the CT DPH OIIS received 15 work-related asthma reports. This was a slight increase of reports from 2011 where 13 reports were received. The Occupational Health unit continues to share asthma data from the OIIS with the CT Asthma program each year.

Advisory Group

The goals for the Connecticut Occupational Safety and Health Planning and Action Network (OSH-PLAN) have been accomplished through the collaborative efforts of partners from The University of Connecticut Division of Environmental and Occupational Medicine (DOEM), CT DPH, and other appointed members of the advisory group representing labor unions, workers' compensation insurers, private consultants, business groups, and legal representatives. The OSH-PLAN report's key objectives included priority occupational health conditions, existing and emerging occupational health hazards, problems with existing systems and approaches, and potential solutions to problems. The OSH-PLAN report was published in December 2011 to the CT DPH website at <http://www.ct.gov/dph/occupationalhealth>. OSH-PLAN represents a very successful collaboration and CT DPH has utilized the report findings to reestablish the Occupational Health Clinics meetings in Connecticut and to drive topic discussions. In the past, these meetings brought together occupational health providers and other stakeholders in Connecticut to discuss and present on current occupational health topics. One of the goals of these meetings includes rotating the physical meeting site to the various funded occupational health clinics in CT. Three meetings took place over the past year. The September, 2012 meeting focused on the current Issues with indoor air quality and health. The spring meeting in April discussed hazmat PE standards and the implications for firefighters. The most recent meeting was in June 2013 where a clinic presented on Work-related Asthma and polyurethane spray foam. CT DPH was invited to present feedback data to the clinics during the next meeting which is scheduled for October 2013.

Educational Activities

Currently the Occupational Health Unit continues to publish Health Alert publications on important occupational health topics on an as-needed basis. Recently, the Unit has redesigned its approach to developing outreach materials to be more streamlined and focused. These publications, called "Fast Facts" are data driven publications that are designed around various occupational health topics some of which are seasonally relevant. Fast Fact publications are produced and disseminated regularly throughout the year to Connecticut stakeholders. Some of the 2012 and 2013 Fast Fact publications included a publication on the safe handling and storage of pool chemicals, a publication on worksite wellness programs, publication on worker safety after a natural disaster and a bulletin on heat safety in the workplace.

Regional Collaboration

The 2013 Northeast Regional Surveillance meeting convened on May 6th and 7th. This annual meeting brings together all occupational health surveillance partners from throughout the Northeast States as well as federal partners from NIOSH to discuss various health topics of interest to our states. Connecticut presented on a worksite investigation detailing how we assisted a non-Connecticut ferry company with workplace health and safety issues. In addition, Connecticut led a discussion group with Massachusetts on the reporting issues that are encountered with our data and the strategies we use to overcome these reporting barriers.

The Occupational Health unit continues to analyze Connecticut Poison Control Call Center (CPCCC) data to identify exposure cases. Two current years of occupational exposure calls received by CPCCC were analyzed to identify cases that met the investigational guidelines. The criterion for case investigation is based on confirmation of occupational exposure, caller type, severity of hazard, and cause of exposure. Calls from non-health care providers or employers are excluded, to maintain confidence in the confidential nature of PCCC services. Of the 352 calls from HCP/Employers, 19% (67) were investigated with 41 completed and 26 lost to follow-up (unknown employer, refusal of HCP to provide information, out of state employer). A presentation on this project was given at the Consortium of Occupational State-Based Surveillance (COSS) meeting in Orlando in December 2012.